

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076
	lay 31, 2005
Estimated average	age burden
hours per respo	onse 16.00

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

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		_
Name of Offering (check if this is an amendment and name has changed, and indicated by the Description of Starts	ate change.)	_
Series B Convertible Preferred Stock		_
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Filing: New Filing Amendment	Section 4(6) ULOES RECEIVED WILD	
A. BASIC IDENTIFICATION I	DATA 2005 //	_
I. Enter the information requested about the issuer	APR U 1 //	
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)	
Verance Corporation	105 /6/	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
1435 Eastgate Mall, Suite 350, San Diego, CA 92121	(858) 202-2800	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
(if different from Executive Offices) Same as above.	Same as above.	_
Brief Description of Business		
Developing digital rights management technology components and providing inform	mation services related to transmission, recention, or	
other usage of multimedia content.	mation set thees related to transmission, reception, or	
	DDA	
Type of Business Organization	other (please specify):	4
corporation	other (please specify):	1
business trust limited partnership, to be formed	APP	_
Month Year	APR 0 6 2005 L	_
Actual or Estimated Date of Incorporation or Organization: 0 8 19 9	Actual Testimated	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)



2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner Check Box(es) that Apply: Promoter □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Saslow, Steven A. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92121 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Petrocco, F. Mario Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92121 Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Angelico, Dean Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92121 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Winograd, Joseph M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92121 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Williams, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92121 Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Geller, Harold Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92121 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Friedman, Clifford H. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92121 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

	-	_				
-		_	•			
	ner naving the p	ower to vote or dispose, o	r direct the vote or dispo	sition of, 10% or	more of a class of equir	y securities
•	icer and director	of corporate issuers and o	f corporate general and i	managing partner	s of partnership issuers;	and
Each general and relationships	nanaging partner	of partnership issuers.				
Check Box(es) that Apply:	Name (Last name first, if individual) en, Stephen L. iness or Residence Address (Number and Street, City, State, Zip Code) Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92122 ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Name (Last name first, if individual) den, Christopher H. iness or Residence Address (Number and Street, City, State, Zip Code) Verance Corporation, 4435 Eastgate Mall, Suite 350, San Diego, CA 92121 ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Name (Last name first, if individual) ght, Mark K. iness or Residence Address (Number and Street, City, State, Zip Code) Verance Corporation, 4435 Eastgate Mail, Suite 350, San Diego, CA 92121 ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Name (Last name first, if individual) stellation Ventures Name (Last name first, if individual) ana Partners Name (Last name first, if individual) chip Venture Company Iness or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Director General and/or Managing Partner Name (Last name first, if individual) chip Venture Company Iness or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Director General and/or Managing Partner Name (Last name first, if individual) Chip Venture Company Iness or Residence Address (Number and Street, City, State, Zip Code) Exact State, Zip Code) Executive Officer Director General and/or Managing Partner Na					
	if individual)					
Green, Stephen L.						
	•	•	•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	⊠ Director	-	'artner
Full Name (Last name first, Holden, Christopher H.	if individual)					
		and the second of the second o	The first of the second			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director		'artner
Full Name (Last name first, Wright, Mark K.	if individual)					
		_				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	ng ara i an an an ang ang ang ang ang ang ang an	artner
Full Name (Last name first, Constellation Ventures	if individual)					
The State of the Control of the Cont			Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	_	Partner
Full Name (Last name first, Canaan Partners	if individual)					
	•	nd Street, City, State, Zip	Code)			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director		Partner
Full Name (Last name first, Blue Chip Venture Compa			· · · · · · · · · · · · · · · · · · ·			
	•		Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	_	Partner
Full Name (Last name first,	if individual)					
Business or Residence Add	ress (Number a	nd Street, City, State, Zip	Code)		·	
	(Use blan	k sheet, or copy and use a	dditional copies of this s	heet, as necessar	y.)	

A. BASIC IDENTIFICATION DATA

1. Has the	issuer sold	, or does the	e issuer inte	nd to sell, t	o non-accre	dited invest	ors in this o	offering?			Yes	No ⊠
					ppendix, C							
2. What is	the minim	ım investm	ent that will	be accepte	d from any	individual?	***************************************	••••••••				-
3. Does th	ne offering p	ermit joint	ownership (of a single i	ın it ?				••••••		Yes	No □
commis a perso states, l	ssion or sim n to be liste list the nam	ilar remune d is an asso e of the bro	ration for so ciated perso ker or deal	olicitation of on or agent er. If more	ho has bee of purchaser of a broker than five (or that broke	s in connector dealer responsible (5) persons	tion with sa egistered with to be listed	les of secur ith the SEC	ities in the and/or wit	offering. If h a state or	•	
	(Last name	first, if ind	ividual)									
N/A												
Business o	r Residence	Address (N	Jumber and	Street, City	, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Ha	s Solicited o	or Intends to	o Solicit Pu	rchasers		 				
-				•								. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA]	[KS]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI]	[MN]	[MS]	[MO]
[RI]	[SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[UT]	[VT]	[VA]	[WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name	(Last name	first, if ind	ividual)								-	
Business o	r Residence	Address (N	lumber and	Street, City	y, State, Zip	Code)		·				
Name of A	ssociated B	roker or De	ealer									
States in W	Vhich Person	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
-				•								
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name	(Last name	first, if ind	ividual)			·						
Business o	r Residence	Address (N	lumber and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
					o Solicit Pu	rchasers					<u> </u>	☐ A11 S4n4
[AL]	All States" ([AK]	F check ind	AR]	es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	. All States [ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נאז]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt \$2,500,000 Equity \$2,500,000 Common Preferred Convertible Securities (including warrants) \$50,000 \$50,000 Partnership Interests ____)..... Other (Specify _ \$2,550,000 Total \$2,550,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$2,550,000 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees \$30,000 Accounting Fees Engineering Fees. Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) finders' fees \boxtimes \$150,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total

 \boxtimes

\$30,000

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AN	D USE	OF PROC	CEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C - proceeds to the issuer."	Question 4.a. This difference is the "adjusted"	gross			\$ <u>2,370,000</u>
5.	Indicate below the amount of the adjusted gross procee the purposes shown. If the amount for any purpose is n left of the estimate. The total of the payments listed n forth in response to Part C - Question 4.b above.	not known, furnish an estimate and check the box t	o the			
				Paymer Office Directo Affilia	ers, rs, &	Payments to Others
	Salaries and fees					
	Purchase of real estate					
	Purchase, rental or leasing and installation of ma	achinery and equipment				
	Construction or leasing of plant buildings and fa-	cilities				
	Acquisition of other business (including the valu offering that may be used in exchange for the ass					-
	issuer pursuant to a merger)					
	Repayment of indebtedness					
	Working capital				- — 	\$2,370,000
	Other (specify):				_	
	Column Totals					\$ <u>2,370,000</u>
	Total Payments Listed (column totals added)			⊠ \$	2,370,000	
		D. FEDERAL SIGNATURE		<u> </u>		
sig	the issuer has duly caused this notice to be signed by the issuer to fur formation furnished by the issuer to any non-accredite	nish to the U.S. Securities and Exchange Com	nissio			
ss	suer (Print or Type)	Signature 7/1		Date		
	erance Corporation	J. Music Oction		Apr	il 1, 2005	
٧a	ame of Signer (Print or Type)	Fitle of Signer (Print or Type)				
F	'. Mario Petrocco	Chief Financial Officer				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature / 1	Date
Verance Corporation	1. Musio/ Jeliano	April 1, 2005
Name (Print or Type)	Title (Print or Type)	
F. Mario Petrocco	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

. Paradi

1	Intend to r accre invest	to sell non- edited tors in ate -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Series A Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
DE					· · · · · · =====				
DC									
FL									
GA									
н									
ID	 								
IL	<u> </u>				<u>. </u>				
IN							· · · · · · · · · · · · · · · · · · ·		
IA									
KS	<u> </u>								
KY									
LA									
ME									
MD									
MA			\$50,000	1	\$50,000	0	\$0		х
MI									
MN									
MS									
МО					0 - 60				

APPENDIX

1		2	3	4					ification
	to r accre invest	to sell non- edited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Series A Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH								-	
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD					,				
TN					75.4				
TX		Х	\$2,500,000	1	\$2,500,000	0	\$0		х
UT									
VT									
VA									
WA									
WV									
WI									
WY	-								
PR	1	1	<u> </u>						<u></u>